

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED DEC 6 1963

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)

Cape Girardeau

Length of stay in 1b.

55 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

16 North Henderson

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Cape Girardeau

c. CITY OR TOWN

Cape Girardeau

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

16 North Henderson

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

ADA NOCE

4. DATE OF DEATH

November 26, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married

Widowed ☒

8. DATE OF BIRTH

7/16/1883

9. AGE (last birthday)

80

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (City and state or country)

Cape Gir. County, Mo. U. S.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Willshire Ervin

13b. MOTHER'S MAIDEN NAME

Sena A. Simmons

14. NAME OF HUSBAND OR WIFE

William F. Noce

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

William F. Noce Cape Girardeau, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Circulatory failure

INTERVAL BETWEEN ONSET AND DEATH

2 hrs

DUE TO (b)

Toxemia

30 days

DUE TO (c)

Malnutrition, Carcinoma of rectum & vagina 2 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Senility

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

20b. SUICIDE

20c. HOMICIDE

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20f. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

20i. COUNTY

20j. STATE

21. I attended the deceased from Nov. 24, 1963 to Nov. 26, 1963 and last saw her alive on Nov. 26, 1963

Death occurred at 4:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. Margaret Fuller M.D.

22b. ADDRESS

238 N. Pacific

22c. DATE SIGNED

12/2/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov. 28, 1963

23c. NAME OF CEMETERY OR CREMATORY

Lorimier Cemetery

23d. LOCATION (City, town, or county)

Cape Girardeau, Missouri

(State)

24. FUNERAL DIRECTOR

Walther's Funeral Home

25. DATE REC'D. BY LOCAL REG.

Cape Gir.

26. REGISTRAR'S SIGNATURE

12-4-63

James K. Kasten

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

David C. Lusk

Licensed Embalmer No. 5085

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.